



Attorney Docket No. S2029/20001
Customer No. 03000

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicant : Timothy B. Sheridan
Serial No. : 09/783,811
Confirmation No. : 3422
Filed : February 15, 2001
For : SMOKELESS PIPE
Group : 1731
Examiner : Carlos N. Lopez

RECEIVED
MAY 11 2005
OFFICE OF PETITIONS

**DECLARATION OF APPLICANT, TIMOTHY B. SHERIDAN IN SUPPORT OF
PETITION FOR REVIVAL OF PATENT APPLICATION ABANDONED
UNINTENTIONALLY UNDER 37 CFR §1.137(b)**

1. I am the above-captioned Applicant, Timothy B. Sheridan.
2. I have prepared this Declaration in support of a Petition For Revival of Patent Application Abandoned Unintentionally Under 37 CFR § 1.137(b). This Declaration is being filed with the Petition.
3. Since at least as early as 2002, I have suffered from mental illness which has rendered me incapable of making rational and informed decisions regarding my personal affairs including the prosecution of my patent application, captioned above. Limited documentation confirming my mental illness during this time period is attached hereto as Exhibits A and B.
4. I forwarded copies of this documentation (Exhibits A and B) to my patent attorney, Michael Berkowitz, a partner with the law firm Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.

and have authorized Mr. Berkowitz to submit these documents on my behalf to the United States Patent and Trademark Office ("PTO") in connection with the filing of the Petition For Revival.

5. Since 2002, on at least six separate occasions, I have been involuntarily committed to hospitals and mental institutions for treatment of my mental illness. The dates of my commitments include June or July of 2002, January of 2003, February of 2003, December of 2003, February of 2004 and March/April of 2005. During my hospitalizations, I have received medical treatment which has enabled me to temporarily regain my ability to make rational and informed decisions.

6. Exhibit A is an Application for Extended Involuntary Treatment at the Horsham Clinic in Pennsylvania. The Application was filed on January 5, 2003 in the Court of Common Pleas, Dauphin County, Pennsylvania. As stated in the Application, at that time I was suffering from severe mental illness requiring psychiatric hospitalization and psychotropic medication.

7. Exhibit B is an Application for Involuntary Emergency Examination dated February 14, 2004 stating that I was suffering severe mental illness.

8. On August 12, 2003, after several unsuccessful attempts to reach me by mail and telephone, my attorney Mr. Berkowitz contacted me by telephone and informed me that the above-captioned application was abandoned. In response, I informed Mr. Berkowitz that I had no further interest in pursuing the above-captioned application and instructed him to do no further work on this case. At the time I gave Mr. Berkowitz these instructions, I was not hospitalized nor was I under the care of a medical professional for treating my mental illness.

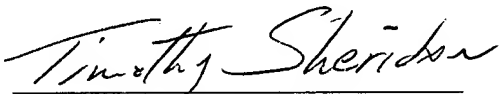
9. Presently, I am hospitalized at Norristown State Hospital in Norristown, Pennsylvania where I am receiving medical treatment which has enabled me to regain my ability to make rational

and informed decisions. It is my belief that at the time I instructed Mr. Berkowitz to do no further work in connection with this application, I was incapable of making a rational and informed decision. I did not intend to allow my patent application to become or remain abandoned.

10. I believe my invention described in the above-captioned patent application to be of vital importance. The facts and circumstances relating to the assignment, grant, conveyance, or license of any rights in this invention or any obligations under contract or law to assign, grant, convey, or license any rights in this invention have not changed since the initial filing of this patent application.

I declare under the penalty of perjury that the foregoing statements are true and correct.

Executed on this 1 day of May, 2005.



Timothy B. Sheridan

Exhibit A

APPLICATIONS FOR EXTENDED INVOLUNTARY TREATMENT

MENTAL HEALTH PROCEDURES ACT OF 1976 (SECTION 303)

(The blanks below may be completed following admission)

NAME OF PATIENT	LAST <i>SHERIDAN</i>	FIRST <i>TIMOTHY</i>	MIDDLE	AGE <i>39</i>	SEX <i>M</i>
NAME OF COUNTY PROGRAM	<i>Philadelphia CO MH/MR</i>			NAME OF BSU	
NAME OF FACILITY	<i>The Monahan Clinic</i>			ADMISSION DATE <i>1-5-03</i>	
				ADMISSION NO.	

INSTRUCTIONS

1. Part I must be completed by the petitioner. The petitioner will generally be the director, acting director, or appropriate designated staff within the facility where the patient is being treated.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to the patients.
3. Part III is to be completed by a physician who has personally examined the patient.
4. Part IV is to be completed by a judge or a Mental Health Review Officer.
5. If additional sheets are needed at any point, note on this form the number of pages which are attached.
6. Attach a copy of the treatment plan and the 302 form prior to its delivery to the court..
7. The patient should receive a copy of MH 784-A, a copy of this petition, and a copy of Part I or the 302 form when this 303 form is filed with the court.
8. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN COMPLETING THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

PART I
REQUEST FOR CERTIFICATION

Timothy Sheridan (NAME OF PATIENT) has acted in such manner as to cause a responsible party to believe that he/she is severely mentally disabled as specified in the attached 302 form. He/she was admitted to Hingham Clinic (NAME OF FACILITY) for involuntary emergency examination and treatment on 1-5-03 (DATE) at 12:00 (EXACT TIME) under Section 302. He/she was examined by _____ and was found to be in need of continued treatment. I respectfully request, therefore, that he/she be certified by the court for extended involuntary emergency treatment under Section 303.

J. Angdon (SIGNATURE OF PETITIONER)
Psychiatrist (TITLE OF PETITIONER)

1-6-03 (DATE)

PART II
THE PATIENT'S RIGHTS

I affirm that I have informed the patient of the actions I am taking and have explained to the patient these procedures and his/her rights as described in Form MH 784-A. I believe that he/she ☐ understands, ☒ does not understand these rights.

may not recall (SIGNATURE OF PERSON GIVING RIGHTS)

1-7-03 (DATE)

PART III
PHYSICIAN'S EXAMINATION

I hereby affirm that I have examined Timothy Sheridan (NAME OF PATIENT) on 1-6-03 (DATE) to determine if he/she continued to be severely mentally ill and in need of treatment.

RESULTS OF EXAMINATION

FINDINGS: (Describe your findings in detail. Use additional sheets if necessary.)

Blocked once when tried to interview him. Restless, wandering on his feet. No eye contact. No evidence of catatonia. No affect. Mind difficult to assess. Records indicate pre-ictal thought process. Insight and judgment impaired. Continued difficult to assess.

TREATMENT NEEDED: (Describe the treatment needed by the patient. Continue on additional sheets if necessary.)

Inst Psych Hosp
Psychiatric Med

In my opinion: (Check A or B.)

- A. ☒ The patient continues to be severely mentally disabled and in need of treatment.
B. ☐ The patient is not severely mentally disabled and in need of involuntary treatment.

J. J. Longdon MD
(SIGNATURE OF EXAMINING OR TREATING PHYSICIAN)

1-6-03
(DATE)

PART IV
CERTIFICATION BY THE COURT FOR EXTENDED INVOLUNTARY
EMERGENCY TREATMENT-SECTION 303

In the court of Common Pleas of DuPage County
term. 19 2003

In re: Timothy Sheridan No.

Certification for Extended Treatment

This 9th day of January, 2003 after hearing and consideration of
(Details of findings. Include details as to what type and why treatment is needed. Attach reports, testimony, etc.)

The testimony presented, there is insufficient basis for commitment

~~Exhibit~~ 4 B

AND TREATMENT
Mental Health Procedures Act of 1976
Section 302

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION)

NAME		LAST Sheridan	FIRST Timothy	MIDDLE	AGE 40 y	SEX
ADDRESS						
NAME OF COUNTY PROGRAM				NAME OF BSU		BSU NO
NAME OF FACILITY				ADMISSION DATE 2-14-04		ADMISSION NO.

INSTRUCTIONS

- ### INSTRUCTIONS
1. Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
 2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
 3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
 4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
 5. Part VI is to be completed by the examining physician.
 6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
 7. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

PART I
APPLICATION

I believe that

Timothy Sheridan

(Person's Name)

is severely mentally disabled: (Check and complete all applicable for this patient.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgement and discretion in the conduct of his/her affairs and social relations or to care for his own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

☒ i. The person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☐ ii. the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ iii. The person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior):

patient is mute. Responds
to internal stimuli. Unable
to care for self.

I understand that I may be required to testify at a court hearing concerning the information I gave. On the basis of the information I gave above, I believe that Timothy Skeridon

(PERSON'S NAME)

is in need of involuntary examination and treatment. I request that: (check A or B - Notice that B can only be checked by a physician, a police officer, the county administrator or his/her delegate).

A.



The County Administrator issue a warrant authorizing a policeman someone representing the County Administrator or take the patient to facility for examination and treatment.

SIGNATURE OF APPLICANT

DATE

PRINT NAME AND ADDRESS OF APPLICANT

TELEPHONE NO.

Al Porter 215 937 6937

B.



That this facility examine the patient to determine his/her need for treatment.

CCMHC
SIGNATURE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE

2-14-06
DATE

CHANDRA KERRASINAKEN
PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE

610-447-7600
TELEPHONE NO.

Ext 610 619-7328

CCMHC

ADDRESS

610-604 6519
Dr. Smith